TRANSMITTAL OF UTILITY PATENT APPLICATION FOR FILING

Msil Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Attorney Docket No. ABL-101

Customer Number <u>002387</u>

Sir:

Transmitted herewith for filing is the utility patent application of inventor(s): Robert S. Neuwirth

1.

| and | entitled: | DELIVERY VEHICLE FOR SILVER IONS |
|-----|--|--|
| 1. | Type Of | Application |
| | This app | dication is: |
| | <u>_</u> <u>x</u> | an original (nonprovisional) application. a division of prior application Serial No a continuation of prior application Serial No a continuation-in-part of prior application Serial No an application claiming priority of U.S. Provisional Application No |
| | | entire disclosure of the prior application is considered as being part of the disclosure of the accompanying lication and is hereby incorporated by reference therein. |
| 2. | Enclose | d Application Elements are: |
| • | X spec X drav an e X an u a cc stat Mic nuc a. b. | uplicate copy of this transmittal letter, cification (including claims and abstract) containing pages 1-16; wings: |
| 3. | Enclose | d Accompanying Application Parts are: |
| | X one | liminary Amendment Claim cancellations are indicated in Preliminary Amendment eitemized, stamped, and self-addressed postcard for the PTO Mail Room date stamp. glish translation document formation Disclosure Statement including Form PTO-1449 and copies of the citations therein. |

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| Small entity star | tus |
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Applicant claims small entity status. See 37 CFR 1.27.

5 Filing Fees (as calculated below)

| | (Col. 1) | (Col. 2) | | | | |
|---|--------------|--------------|-----------|-----|-----|--|
| For: | Number Filed | Number Extra | Rate | Fee | | |
| Basic Fee | | | | \$ | 770 | |
| Total Claims | 36 — 20 | = 16 | x \$ 18 = | \$ | 288 | |
| Independent Claims | 2-3 | = 0 | x \$ 86 = | \$ | -0- | |
| Multiple Dependent Claim Presented (if applicable) + \$290 = | | | | | | |
| Subtotal | | | | | | |
| | \$_ | N/A | | | | |
| * If the difference in Col. 1 is less than zero, enter "0" in Col. 2. TOTAL | | | | | | |

Please charge my Deposit Account No. 15-0508 in the amount of \$_____

- X A check in the amount of \$1,058.00 to cover the filing fee is enclosed.
- X The Director is authorized to charge payment of the following amounts associated with this communication or credit any overpayment to Deposit Account No. 15-0508:
 - X Additional filing fees under 37 CFR 1.16 or deficiencies in remittances therefor.
 - X Additional processing fees under 37 CFR 1.17 or deficiencies in remittances therefor.
- X ONLY if applicant has partially paid the patent issue fee under 37 C.F.R. §1.18, then the <u>deficiency</u> shall be charged to Deposit Account No. 15-0508, and the Director is authorized to so charge the Deposit Account.
- X The Director is hereby generally authorized under 37 CFR 1.136(a)(3) to treat any future reply in this or any related application filed pursuant to 37 CFR 1.53 requiring an extension of time as incorporating a request therefor, and the Director is hereby specifically authorized to charge Deposit Account No. 15-0508 for any fee that may be due in connection with such a request for an extension of time.

Date: April 16, 2004

Attorney's Signature

Name and Registration No. Talivaldis Cepuritis (Reg. No. 20,818)

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